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CONFIRMATION NO. 7911

Bib Data Sheet

SERIAL NUMBER 10/609,436	FILING DATE 07/01/2003 RULE	CLASS 705	GROUP ART UNIT 3624	ATTORNEY DOCKET NO. 4001-1146
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APPLICANTS

Rainer Kuth, Herzogenaurach, GERMANY;

Michael Pierer Von Esch, Erlangen, GERMANY;

** CONTINUING DATA ***** *none / AM*

** FOREIGN APPLICATIONS ***** *yes / AM*

GERMANY 102 29 477.1 07/01/2002

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 09/29/2003

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 1	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials				

ADDRESS

000466
 YOUNG & THOMPSON
 745 SOUTH 23RD STREET
 2ND FLOOR
 ARLINGTON , VA
 22202

TITLE

Payment system for cashless payment transactions

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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